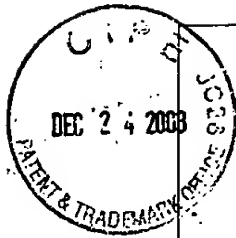


3622



TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/575,845
Filing Date	May 19, 2000
First Named Inventor	Connie D. Myers
Art Unit	3622
Examiner Name	Jean D. Janvier
Attorney Docket No.	680047.402

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	Copy of canceled check _____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		_____

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Ellen M. Bierman	Customer Number 00500
Signature	<i>Ellen M. Bierman</i>	RECEIVED
Date	December 22, 2003	JAN 06 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Angela S. Long
Signature	<i>Angela S. Long</i>
Date:	December 22, 2003

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PATENT

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December 22, 2003
Date

Angela S Long
Angela S Long

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Connie D. Myers
Application No. : 09/575,845
Filed : May 19, 2000
For : BRAND-NAME RECOGNITION

Examiner : Jean D. Janvier
Art Unit : 3622
Docket No. : 680047.402
Date : December 22, 2003

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JAN 06 2004

GROUP 3622

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Commissioner for Patents:

In response to the Office Action dated December 1, 2003, please amend the application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Remarks/Arguments begin on page 19 of this paper.